

Pre-enrollment Health Coverage Option Notice

The Pre-enrollment Health Coverage Option Notice will be sent automatically one time per household to the **Primary Individual** through *Correspondence* including the following:

Office of Public Assistance
PO BOX 202925
Helena, Montana 59620-2959



Steve Bullock
GOVERNOR

Richard H. Opper
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

PO BOX 4210

HELENA, MT 59604-4210

JOE SILVERSMITH
P.O. Box 123
Helena, MT 59601

Case #: 799596
Document #: 8537977
Print Date: 09/12/2015
Contact Phone: 1-888-706-1535

Pre-Enrollment Health Coverage Option

Dear JOE SILVERSMITH,

Good news, you or others in your household¹ have been identified as eligible for a new health coverage option that will soon be available in Montana.

Because your household currently participates in one of these programs - SNAP, Medicaid or Cash, it looks like the people listed below are income-eligible for a new health plan at a cost you can afford.²

The Montana Health and Economic Partnership Act makes health coverage more accessible in Montana. This new option, signed into law by Governor Bullock on April 29, 2015, includes essential healthcare benefits that include everything from doctor visits to hospitalization to prescriptions. You'll also have access to a variety of other services that will help you meet your medical needs.

You may sign up for health coverage by calling 1-844-792-2460 or going online to apply.mt.gov by January 31, 2016. To sign up, all you need is the Person ID listed below.

The Department of Public Health and Human Services expects expanded health coverage to be in place by January 1, 2016, but there are no guarantees. If you currently have health coverage, you should consider continuing your coverage until this new plan begins. If you receive health coverage through healthcare.gov, it is important to know that the open enrollment period with healthcare.gov is November 1, 2015 through January 31, 2016.

Under the new plan, eligible individuals and the monthly premiums are listed below. You may be responsible for small copays for some appointments, prescriptions, and other medical services.

Person Name	Person ID	Premium Amount
JOE SILVERSMITH	1234567	\$0.00
JANE SILVERSMITH	7654321	\$20.00

If you want more details about the process, please call 1-844-792-2460.

1

Request for
eligible
individuals to
opt-in for benefits

2

Eligible
start date

3

List of individuals
eligible for
Pre-enrollment

4

Premium amount